


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90036 046 \*\*\*\*70.00

<b>DOCUMENT # N17167</b>	
1. Entity Name	
SULLIVAN-BABCOCK POST 32, INC. THE AMERICAN LEGION DEPARTMENT OF FLORIDA	

Principal Place of Business	Mailing Address
P.O. BOX 110838 HIALEAH FL 33011	P.O. BOX 110838 HIALEAH FL 33011

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For
59-0688816		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CECIL, CHARLES 6215 SW 146 COURT MIAMI FL 33183	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPP, CHARLES	NAME	
STREET ADDRESS	11201 SW 55 STREET LOT 58	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33025	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTIN, ROBERT O	NAME	
STREET ADDRESS	5197 ADAM'S ROAD	STREET ADDRESS	5199 ADAM'S ROAD
CITY-ST-ZIP	DELRAY BEACH FL 33484	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, CRAIG	NAME	
STREET ADDRESS	6261 NW 40TH ST.	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSO, PHILIP P	NAME	
STREET ADDRESS	631 E 62ND ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT O. MCCARTIN 2-8-06 954-647-9183